



APPLICATION TO CERTIFY AS AN AGRICULTURAL COMODITY TESTER

This Section Completed by ODA Office

Ck. # _____

Ck. Amt. _____

Certificate Number Issued: _____

Certificate Expiration: _____

CERTIFICATE COST: \$25.00

Applicant's Name: _____

Home Address: _____

Company Name: _____

Branch Location: _____
(if applicable)

Test Date: _____ Testing Location: _____